STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077 1. TITLE OF NEWSPAPER 2. DATE 10198/14 Times Record 3B. ANNUAL SUBSCRIPTION 3A. NO. OF ISSUES PUBLISHED ANNUALLY 3. FREQUENCY OF ISSUE PRICE \$300 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 6. FULL NAME OF PUBLISHER: Sarderson 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. **FULL NAME** COMPLETE MAILING ADDRESS BUX 10) KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. AVERAGE NO. COPIES **ACTUAL NO. COPIES EACH ISSUED** 9. EXTENT AND NATURE OF CIRCULATION **ISSUED PRECEDING 12 NEAREST TO FILING DATE MONTHS** 700 100 A.TOTAL NO. COPIES (Net Press Run) **B.PAID AND/OR REQUESTED CIRCULATION** 1. Sales through dealers and carriers, street vendors, SO counter sales, and paid electronic copies. 2. Mail Subscription (Paid and or requested) C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2) D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS 2. SAMPLES, COMPLIMENTARY AND OTHER FREE **COPIES** E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing 2. Return from News Agents 700 G.TOTAL (Sum of E, F1 and F2 - Should equal net press run Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I swear that the statements made by me are true, correct, and complete: (Title) (Signature) Sworn to before me this 28 day of 00 State of South Dakota amala Notary Public County of 1-31-2018 My commission expires:

Form: SQS REC 051 8/2014

(Seal)